



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Sentrix Pharmacy and Discount, L.L.C.

Respondent Name

Old Republic General Insurance Corporation

MFDR Tracking Number

M4-17-1821-01

Carrier's Austin Representative

Box Number 44

MFDR Date Received

February 14, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "... there was no error on the original bill or the reconsideration."

Amount in Dispute: \$2,488.99

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... prescribing doctor's NPI number (DWC-066/field 14) is required; NPI 13160200456 is not valid."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 22, 2016	Pharmacy Services - Compound	\$2,488.99	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.10 sets out the required elements of a pharmaceutical bill.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication.

Issues

Is Old Republic General Insurance Corporation's denial of payment for the disputed service supported?

Findings

Sentrix Pharmacy and Discount, L.L.C. (Sentrix) is seeking reimbursement for a compound cream dispensed on July 22, 2016. Old Republic General Insurance Corporation (Old Republic) denied the compound with claim adjustment reason code 16 – "CLAIM/SERVICE LACKS INFORMATION OR HAS SUBMISSION/BILLING ERROR(S) WHICH IS NEEDED FOR ADJUDICATION."

28 Texas Administrative Code §133.10(f)(3)(N) requires the prescribing doctor's NPI number to be included in field 14 of the Statement of Pharmacy Services (DWC066). The DWC066 submitted to the division for this medical fee dispute includes 13160200456 in this field. The division finds that this is not the NPI number for the prescribing doctor listed in field 13 of the DWC066.

The division concludes that Old Republic's denial of payment for this reason is supported. No reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

_____ Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	May 24, 2017 Date
--------------------	---	----------------------

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.